



TEXAS DEPARTMENT OF HEALTH  
AUSTIN TEXAS  
INTER-OFFICE

**TO:** WIC Regional Directors  
WIC Local Agency Directors

**FROM:** Barbara Keir, Director {Original Signed}  
Division of Public Health and Nutrition Education  
Bureau of Nutrition Services

**DATE:** May 19, 2003

**SUBJECT:** Order Form for the FY 2004 WIC Approved Foods Brochures/Posters/Infant  
Flyer

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The FY 2004 WIC Approved Foods brochure, poster and infant formula/cereal flyer will be printed in a few months and we would like to get an early start in obtaining orders for the initial distribution to local agencies. We are hoping to have these delivered to the local agencies during the first two weeks of September for implementation on October 1, 2003.

Please use the "Order Form for FY 2004 WIC Approved Food Brochures/Poster/Flyer" fax cover sheet attached to this memo to indicate the number of each item you would like to order. Your order may be faxed to 512/458-7609 or e-mailed to Paula Kanter, Clinical Nutrition Specialist, at [paula.kanter@tdh.state.tx.us](mailto:paula.kanter@tdh.state.tx.us). **The order form must be faxed or e-mailed to the state office by May 30, 2003.**

You may continue to order 2003 WIC Approved Foods brochures through the TDH warehouse until October. The revised 2003 posters and infant formula/cereal flyers are also available and may be ordered on the WIC Materials Order form. If you have any questions regarding this information or if you would like to know how many brochures and posters you ordered last year, contact Paula Kanter at 512/458-7111, extension 3528.

Attachment

# FAX COVER SHEET

To: Paula Kanter

Date:

Fax: 512-458-7609

Pages: 1

Subject: FY 2004WIC Approved Foods brochure and poster order form

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## ***Order Form for FY 2004 WIC Approved Food Brochures/Poster/Flyer***

*Please enter the number of item you would like to order.*

**\*\*\*\*\*Brochures must be ordered in multiples of 500\*\*\*\*\***

<b><u>Brochures:</u></b>	English	_____
	Spanish	_____
<b><u>Infant formula/cereal flyer:</u></b>		_____
<b><u>Posters</u></b> (English only):		_____

**The address for delivery is:**

LA Name & Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

*If the state agency has questions about this order, who should they contact:*

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

**Complete this form and fax to 512- 458-7609 no later than May 30, 2003**

(Attachment to Memo 03-051)